

# ARKANSAS STATE CRIME LABORATORY

## BODY SUBMISSION FORM

P.O. Box 8500  
3 Natural Resources Drive  
Little Rock, Arkansas 72215

Phone: (501) 227-5936  
Fax: (501) 221-1653

**Please completely fill in form.**

<b>NAME OF DECEASED:</b>				
AGE:	RACE:	SEX:	DATE OF BIRTH:	OCCUPATION:
DATE/TIME LAST SEEN ALIVE:			BY WHOM:	
MARITAL STATUS: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/> UNKNOWN				
Infectious Diseases: <b>HIV?</b> <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <b>HEPATITIS?</b> <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown <b>TUBERCULOSIS?</b> <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> Unknown				
<b>DATE OF INCIDENT:</b>			TIME:	<input type="checkbox"/> AM <input type="checkbox"/> PM
PLACE OF INCIDENT (ADDRESS):				
CITY:			COUNTY:	
<b>OR FOUND ON DATE:</b>			TIME:	<input type="checkbox"/> AM <input type="checkbox"/> PM
<b>DATE PRONOUNCED DEAD:</b>		TIME:	<input type="checkbox"/> AM <input type="checkbox"/> PM	<b>BY WHOM:</b>
<b>PLACE OF DEATH:</b>		DECEDANT'S ADDRESS? <input type="checkbox"/> Y <input type="checkbox"/> N		DECEDANT'S ADDRESS:
<b>LAW ENFORCEMENT AGENCY:</b>				OFFICER:
ADDRESS:				TELEPHONE:
CITY:	STATE:	ZIP:	AGENCY CASE #:	
CORONER ASSIGNED TO WORK CASE:				TELEPHONE:
LOCATION OF BODY TO BE PICKED UP:				
<b>TYPE:</b> <input type="checkbox"/> HOMICIDE <input type="checkbox"/> SUICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> SUSPICIOUS DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> JAIL DEATH <input type="checkbox"/> FIRE DEATH <input type="checkbox"/> MVA <input type="checkbox"/> OVERDOSE <input type="checkbox"/> OTHER, PLEASE EXPLAIN:				
<b>IF SUSPICIOUS DEATH, STATE REASONS:</b>				
<b>SPECIFIC CONCERNS REGARDING CASE:</b>				
<b>Summary of circumstances (Please include <i>ALL</i> known information pertaining to the circumstances of death. Use additional paper if necessary.):</b>				
NAME OF OFFICER (PRINT):			TITLE:	SIGNATURE: